September 10, 2018

Submitted electronically via: http://apps.fcc.gov/ecfs/

The Honorable Ajit Pai
Chairman
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

Re: Promoting Telehealth for Low-Income Consumers Notice of Inquiry (WC Docket No. 18-213)

Dear Chairman Pai:

The Alliance for Connected Care ("the Alliance") welcomes the opportunity to provide a response to the Federal Communications Commission's ("FCC's") Notice of Inquiry on the matter of Promoting Telehealth for Low-Income Consumers. We are encouraged by the FCC's determination to use real-world experience and data-driven evidence to champion policies that improve access to care and lower costs for consumers, especially for low-income and veteran populations.

The Alliance is a 501(c)(6) organization dedicated to creating a statutory and regulatory environment in which insurers and providers can deliver, and be adequately compensated for providing safe, high quality care using connected care technology. Our members are leading health care and technology companies from across the spectrum, representing insurers, health systems and technology innovators. The Alliance works in partnership with an Advisory Board of more than twenty patient and provider groups, including groups representing patients with chronic diseases such as cardiac disease, Parkinson's disease, multiple sclerosis, behavioral health disorders, Alzheimer's disease and spinal cord injuries.

The Alliance is committed to leveraging both telemedicine and remote patient monitoring to improve the quality of care while also lowering costs and improving efficiency. As reflected in the comments below, the Alliance views FCC's proposed Connected Care Pilot Program as an excellent opportunity to add to the solid evidence base demonstrating the value and quality of telemedicine.

Goals of the Pilot Program

In the Notice, FCC outlines several goals for the proposed new pilot program: 1) improving health outcomes through broadband access; 2) supporting the trend to connect care everywhere; 3) reducing health care costs for patients, facilities, and the health care system; 4) determining how Universal Service Funding can positively impact existing telehealth initiatives; 5) increasing broadband deployment in unserved and underserved areas; and 6) increasing adoption of broadband among low-income households. We believe that these goals are appropriate and have provided additional support for several specific goals below:

Supporting the Trend to Connect Care Everywhere. Telehealth, defined as real-time virtual visits, began primarily as a consultation tool between medical providers, and as a way to connect rural patients to care not available in their areas. It has grown into a technology used for connecting urban, suburban and rural patients to all kinds of care, including primary care, behavioral health and chronic disease management, triage and quick referral, and facilitating consultation with specialists across the medical spectrum. Telemedicine contributes to the value-based care goals of patient engagement, expanded hours for primary care, population health management and care coordination. In the commercial market, video-based telehealth tripled in one year – between 2015 and 2016 – and has had an incredible satisfaction rate among consumers — with one study showing that 83 percent of people were moderately or extremely satisfied.

Remote patient monitoring, defined as asynchronous remote monitoring of patient biometric data by a health provider, also significantly contributes to value-based care by increasing patient engagement, reducing unnecessary care and helping better manage chronic disease from afar. Remote patient monitoring is now fully reimbursed by private and public payers.

High speed internet access via DSL, cable, and fiber is still cost-prohibitive in rural and remote areas, and is available is only where providers can deploy these networks profitably; approximately thirty percent of U.S. households in remote and rural communities still lack access to high speed broadband.[1]

Investing in 5G network infrastructure can facilitate digital health solutions, including telehealth, and enable delivery of higher quality care in real-time in ways that were not previously possible with 3G and 4G technology. 5G improves user experience through greater efficiency, higher data rates, and lower latency – the amount of time between request and execution of a computing command. Low latency allows for rapid sharing of information, streaming data, and widespread use of videos, imaging, virtual reality (VR), augmented reality (AR), and mixed reality (MR), whether for emergency services or routine care. It also has the potential to improve patient engagement by connecting patients and clinicians at a scale not realized with 4G. Together, these can improve adherence to treatment and patient outcomes while reducing costs.

Reducing Health Care Costs for Patients, Facilities, and the Health Care System. The Alliance supports FCC's initiative to extend the benefits of telemedicine to those who cannot afford it or have limited broadband access. We are confident that the return on investment will be high. This belief is supported by numerous studies, including a literature review the Alliance commissioned from the universities of Michigan and Kentucky regarding the impact of remote monitoring on three chronic diseases – congestive heart failure ("CHF"), stroke, and chronic obstructive pulmonary disease ("COPD").

The literature review found that among CHF patients, telemonitoring was significantly associated with reductions in mortality ranging from 15 percent to 56 percent as compared to traditional care. Meanwhile, telestroke provides an advantage for stroke patients without readily available access to stroke specialists. The various modalities of telestroke have demonstrated the ability to reduce mortality in the range of 25 percent during the first year after the event. In addition, there is evidence to support the

[1] https://www.rcrwireless.com/20170606/analyst-angle/20170606wireless4g-lte-leveraged-for-fixed-wireless-broadband-in-rural-communities-tag10

economic benefit of telemonitoring among CHF, stroke and COPD patients, as measured by changes in hospital admission and readmission rates and cost-benefit analyses.

The findings of the literature review are proving true in health care settings across the country. St. Vincent Health – a member of Ascension Health and Indiana's largest health care system – conducted a study to determine the impact of a remote care management program on patients with CHF and COPD recently discharged from the hospital. During the 30-day follow-up period, the remote care management program included daily monitoring of patient biometrics (e.g., blood pressure, body weight), interactive daily questionnaires and video conferencing. Initial results showed a reduction in hospital readmissions to 5 percent as compared to 20 percent in the control group – a 75 percent reduction.

These improvements in quality result in significant cost savings. For example, in the Medicare program alone, this type of connected care program would improve beneficiary outcomes while significantly reduce program costs given that the program spends $17 billion on preventable readmissions each year.

Another example showing the possible cost savings that can be achieved by telehealth is the Expanding Telehealth Response to Ensure Addiction Treatment (eTREAT) Act, which was introduced in May 2018 by Sens. Thune, Warner, Cardin, Cornyn, Whitehouse, Grassley, Schatz, Wicker, and Hyde-Smith. The eTREAT Act lifts the Social Security Act's section 1834(m) originating site and rural restrictions on Medicare reimbursement for telehealth furnished to individuals afflicted with substance use disorder. The Congressional Budget Office (CBO) estimates that the bill will cost the federal government $10 million over ten years – a relatively low cost for vastly expanding access to substance use disorder treatment.

Determining how the Universal Service Funding Can Positively Impact Existing Telehealth Initiatives. The Alliance strongly agrees with FCC that the current "hub-and-spoke" model is not the only effective means of connected health care. With the ongoing innovation of new technologies and ever-expanding broadband infrastructure, patients can receive health care from the comfort of their own homes through video conferencing, remote patient monitoring, and other high quality, direct-to-consumer health care.

Structure of the Program

The Notice of Inquiry notes that FCC has found that there is a correlation between low-income communities, poor health outcomes, and lack of broadband access. It also asks whether the FCC should consider location as a factor in selecting participating clinics and hospitals, and if so, whether the pilot program should prioritize participating clinics and hospitals in rural areas.

The Alliance urges FCC not to focus Connected Care Pilot Program funding solely on rural areas. Urban areas oftentimes have stronger broadband infrastructure than rural areas, but low-income residents of urban areas cannot utilize it due to the rising costs of cellular data plans. Low-income urban residents have many of the same restrictions as low-income rural residents when it comes to access to telemedicine, and the Connected Care Pilot Program could be a very important bridge to health care for both populations.

The Alliance also encourages FCC to prioritize applications in which the partnering broadband service provider is willing to contribute the end-user equipment or other components needed to ensure a successful pilot project. As noted above, low-income patients may have trouble affording cellular data plans.

Measuring Effectiveness of the Program

The Alliance believes that it is essential to gather complete, accurate data from the proposed pilot programs. We support gathering data on reductions in emergency department and urgent care visits; decreases in hospital admissions and re-admissions; condition-specific outcomes; and patient satisfaction with respect to health status. The Alliance also supports FCC's proposal to require the presence of control groups to compare pilot program beneficiaries to non-beneficiaries. Partnerships between FCC and organizations or agencies with health care expertise would be particularly helpful in gathering and analyzing such data, particularly the Department of Health and Human Services and the Department of Veterans Affairs.

Medicaid and CHIP Payment and Access Commission (MACPAC) notes that "*states seeking to implement or expand coverage of telehealth would likely benefit from additional research as well as from the experiences of other states. Such information would help other states, providers, health plans, and the research community gain a more robust understanding of the effects of telehealth on access to care, quality of care, and cost of care for the Medicaid population*." A carefully designed and informed pilot program is an important prerequisite for maximum return on investment.

Impact on the Future of Telemedicine

The Alliance believes that FCC's Connected Care Pilot Program could prove to be a very important step in opening the doors for further telemedicine expansion by demonstrating that telemedicine increases access to care. To continue to develop this evidence base and deliver care to any and all who may need it, it is imperative that FCC design this pilot program to be inclusive, not exclusive. This involves moving away from the current Medicare model of geographic restriction and moving toward a model that provides ubiquitous access to telemedicine for everyone.

*****

In closing, the Alliance appreciates the opportunity to provide comments on the FCC Connected Care Pilot Program. We strongly support the Commission's efforts to provide high quality, high value telemedicine to low-income individuals across the country, all while building an evidence base to bolster the adoption of telemedicine in the future. If you have any additional questions, please do not hesitate to contact me at (202) 415-3260 or krista.drobac@connectwithcare.org.

Thank you,

ALLIANCE for CONNECTED CARE

Krista Drobac
Executive Director